



Arne Skrodal
Signal Design Officer
Engineering Department

Canadian National / Illinois Central
17641 South Ashland Avenue
Homewood, Illinois 60430-1345

708-206-3271
708-206-3514 Fax

July 30, 2001
U110/3

RECEIVED
AUG 1 2001

Illinois Commerce Commission
RAIL SAFETY SECTION

Mr. Kevin Sharpe
Director of Processing and Information
Transportation Division
Illinois Commerce Commission
527 East Capitol Ave.
Springfield, IL 62701

Dear Mr. Sharpe:

The automatic flashing light signals with gates controlled by constant warning time circuitry at Renshaw St. (DOT-296 654B), near Reevesville, Johnson County, Illinois were placed in service on July 26, 2001.

This is to certify that the warning devices operate as intended and were installed in accordance with Illinois Commerce Commission Order No. T00-0090 dated October 4, 2000 and was authorized by X-Resolution 11615 dated April 18, 2001.

Attached is the National Grade Crossing Inventory Update Form, covering the above mentioned signal work.

Sincerely,

Arne Skrodal

cc: Mr. Darrell W. McMurray, P. E.
Engineer of Local Roads and Streets
Illinois Department of Transportation
2300 South Dirksen Parkway
Springfield, IL 62764

DOCKETED

W3

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017
Expires: 3/31/2003

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number (max. 7 char.) 296 654 B	C. Reason for Update <input checked="" type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date (MM/DD/YYYY) 07/26/2001
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) IC		2. State (2 char.) IL	3. County (max. 20 char.) JOHNSON		
4. Railroad Division or Region (max. 14 char.) SOUTHERN REG		5. Railroad Subdivision or District (max. 14 char.) BLUFORD		6. Branch or Line Name (max. 15 char.)	
8. RR I.D. No. (max. 10 char.)		9. Nearest RR Timetable Station (max. 15 char.) (optional)		10. Parent RR (max. 4 char.) (if applicable)	
11. Crossing Owner (RR or Company name) (if applicable)					
12. City (max. 16 char.) (check <input type="checkbox"/> In one) <input checked="" type="checkbox"/> Near REEVESVILLE		13. Street or Road Name (max. 17 char.) RENSHAW ST		STATE SUPPLIED INFORMATION	
14. Highway Type & No. (max. 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		21. HSR Corridor ID (2 char.)	
		16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> 24 hr <input type="checkbox"/> Partial <input type="checkbox"/> Unknown		22. County Map Ref. No. (max. 10 char.)	
17. Crossing Type (choose one only) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian		18. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		23. Latitude (max. 10 char., nn.nnnnnnn)	
		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None		24. Longitude (max. 11 char., nnn.nnnnnnn)	
		20. Average Passenger Train Count Per Day		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number _____ (7 characters)					

27. PRIVATE CROSSING INFORMATION

27.A. Category (check one) <input type="checkbox"/> Recreational <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____
28.A. Railroad Use (max. 20 char.)		29.A. State Use (max. 20 char.)	
28.B. Railroad Use (max. 20 char.)		29.B. State Use (max. 20 char.)	
28.C. Railroad Use (max. 20 char.)		29.C. State Use (max. 20 char.)	
28.D. Railroad Use (max. 20 char.)		29.D. State Use (max. 20 char.)	

30. Narrative (max. 100 char.)

31. Emergency Contact (Telephone No.)	32. Railroad Contact (Telephone No.)	33. State Contact (Telephone No.)
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MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6 AM to 6 PM)	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing 2.A. Maximum Time Table Speed (mph) _____ 2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks Main _____ Other _____ If Other, Specify (max. 10 char.) _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max. 16 char.) _____ <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max. 16 char.) _____ <input type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) <div style="font-size: 1.2em; font-family: monospace;">296 654 B</div>		PAGE 2		D. Effective Date (MM/DD/YYYY) <div style="font-family: monospace;">07/26/2001</div>	
Part III: Traffic Control Device Information					
1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing - Signs (specify number of each)			
2.A. Crossbucks: _____		2.B. Highway Stop Signs (R1-1) _____		2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		2.E. Pavement Markings <input type="checkbox"/> Stoppelines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			
2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____		3. Type of Warning Device at Crossing - Train Activated Devices (specify number of each)			
3.A. Gates <div style="font-size: 1.2em; font-family: monospace;">2</div>		3.B. Four-quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.C. Cantilevered (or Bridged) Flashing Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____	
3.D. Mast Mounted Flashing Lights (number) <div style="font-size: 1.2em; font-family: monospace;">2</div>		3.E. Number of Flashing Light Pairs <div style="font-size: 1.2em; font-family: monospace;">6</div>			
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____		3.G. Highway Traffic Signals (number) _____		3.H. Wigwags (number) _____	
3.I. Bells (number) <div style="font-size: 1.2em; font-family: monospace;">1</div>		3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____			
4. Specify Special Warning Device NOT Train Activated (max. 20 char.) _____			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signalling for Train Operation: Is Track Equipped with Train Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input checked="" type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advance Preemption	
9. Reserved For Future Use		10. Reserved For Future Use		11. Reserved For Future Use	
12. Reserved For Future Use					
Part IV: Physical Characteristics					
1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional				2. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	
3. Number of Traffic Lanes Crossing Railroad _____		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify) _____					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway? <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use	
Part V: Highway Information					
1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Functional Classification of Road at Crossing _____	
4. Posted Highway Speed _____		5. Annual Average Daily Traffic (AADT) Year _____ AADT _____			
6. Estimate Percent Trucks _____		7. Average Number of School Buses Over Crossing per School Day _____			

Paperwork Reduction Act: Public reporting for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB Control Number. The valid OMB Control Number for this collection is 2130-0017.